Victorian Audit of Surgical Mortality
Agreement of Consultation Participation

VictorianAudit of Surgical Mortality conducts confidential enquiries of surgical deaths in Victoria

Name: _____________________________________
Address: _____________________________________

Please complete the following (tick appropriate box for each statement)

1. I am a practising Fellow and wish to confirm my willingness to participate in the Victorian Audit of Surgical Mortality and subject my cases to peer review by a specialist College member

☐ I agree to participate  ☐ I do not agree to participate

2. If you agreed to participate, are you willing to be

☐ A first-line assessor  ☐ agree*  ☐ do not agree

☐ A second-line assessor  ☐ agree*  ☐ do not agree

*If you willing to be a VASM assessor please also sign the attached ‘Declaration and Undertaking by Assessor’ form.

3. I have retired from clinical practice  ☐

4. My specialty area is

☐ Obstetrics  ☐ Gynaecology  ☐ Obstetrics and Gynaecology

5. I work at the following hospitals

................................................................................................................................................

................................................................................................................................................

6. Preferred method of correspondence for case record forms and first-line assessments

☐ Electronic interface  Forms can be completed and submitted online. Please specify the email address that your username and password should be sent to: ................................................................................................................

Signature: ........................................................................................................ Date: ........................................

Thank you.
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

DECLARATION AND UNDERTAKING BY ASSESSOR
VICTORIAN AUDIT OF SURGICAL MORTALITY (“VASM”)

I, the undersigned, in connection with my appointment as a 1st or 2nd line Assessor for VASM, agree and declare as follows:

Confidentiality

1. I agree that all information obtained by me through my participation as a 1st or 2nd line Assessor for VASM will be kept strictly confidential, and not disclosed to any other person.

2. I acknowledge that VASM is a registered qualified privilege scheme under Part VC of the Health Insurance Act 1973 (Commonwealth), to which statutory confidentiality applies.

3. I acknowledge that any breach of statutory confidentiality under the Health Insurance Act 1973 may make me liable for criminal penalties under that Act.

4. I acknowledge that the protection provided by legislation and the College does not necessarily cover breaches of this undertaking.

Assessors involved in peer review of their colleagues must be of good professional standing and appropriately qualified. Fellows who do not meet these requirements, or who may be subject to adverse proceedings before any Medical Board or other professional authority, should exempt themselves, or may be required by the College to exempt themselves, from the role of assessor until the proceedings have been satisfactorily resolved.

1. I confirm that I am not aware of any matter or circumstances which would prevent me from independently assessing audits of surgical mortality in accordance with VASM requirements.

2. I am not currently under investigation for, or have not been found guilty of, any professional matter, including breach of professional confidentiality.

3. I am currently compliant with RANZCOG CPD requirements and actively involved in clinical practice or within two year of ceasing practice.

Office code:

Print full name: ____________________________________________

Print address:


Signature: ____________________________________________ Date: ____________________________